20185346 - 11

New Liquor License Packet

The first time you arrive at the Clerk's Office you will be given this packet. Included in this packet are:

- Application
- Business Plan Questionnaire
- Directions for Scheduling Inspections
- Good Neighbor Meeting Directions
- What's Next?

In order for your application to be accepted, you **MUST** provide:

- Completed Application (including this packet)
- Conditional Surrender of License (if taking over a current license)
- Auxiliary Questionnaire Form (One for the agent and one per officer of the business listed on the application)
- Schedule of Appointment of Agent
- Business Plan Questionnaire
- Proof of FEIN
- Proof of WI Sellers Permit
-

Before your license will be issued the following **MUST** be completed:

- Proof of Responsible Beverage Course
- Attend a Good Neighbor Meeting
- Attend a Public Safety and Licensing Committee Meeting
- Common Council Approval (it is not mandatory to attend this meeting)
- **All department sign offs must be complete**
    - It is your responsibility to call the people/departments listed below to setup appointments to have your premise inspected.
        - Environmental Health Department - located at City Hall in Room 1 (262) 636-9203
        - Building Department - located at City Hall in Room 304 (262)636-9464
        - Fire Department - located in the City Public Safety Building (262) 635-7915
        - Good Neighbor Meeting - Schedule by calling (262) 636-9115

Business Name: Elixir & Oak LLC

Business Address: 300 Sixth St. Racine, WI 53403

DBA Name: Elixir & Oak

District: 1 Your Business Alder: Malik Frazier Alder Phone: 262-865-0219

Printed Name: Dean Carr Signature:

*Your Public Safety and Licensing Date is tentative to when your record check and good neighbor meeting are completed.

BUSINESS PLAN QUESTIONNAIRE

Business Owner/ Ownership Entity M.D. Revocable Trust

Trade Name (DBA) Elixir & Oak

Business Address 300 6th st Racine WI

Website www.elixirandoak.com

Business Email Address elixirandoak@gmail.com

Agent Name Devin Cain

Agent Home Address 4629 Phoebe Ln Mount Pleasant WI 53405

Agent Emergency Contact Number 262-902-9152

Agent Email Address devincainse@gmail.com

If Agent has been known by any other names within the last 10 years, please list NA

Who intends to be in charge of daily operations for a majority of the time? Devin Cain (Operator)

General Manager Name (If different than Agent) NA

If General Manager has been known by any other names within the last 10 years, please list NA

General Manager Address NA

General Manager Phone Number NA

General Manager Date of Birth ___

Is your business currently open? Yes (No)

If no, please complete the following Statement of Intent:

I understand that the granting of this license would be conditional on my being able to operate within 6 months of Common Council approval. I intend to operate under the license within six months of Common Council approval. If I am not able to operate within 6 months, I may request a one-time extension of up to 3 months. If I am still not actively operating under the license within 9 months of Common council Approval, my license will be considered denied and I will have to re-apply for a new license. DC Initial

What is your estimated gross monthly revenue for each of the following categories?:

15-30k Alcoholic Beverages

10-20k Food

_____ Other (please specify)

How many people do you intend to employ full time? 0

How many people do you intend to employ part time? 4

What is the square footage of the premise to be licensed? ~2000 sqft

What is your best estimation of the value of the business? 150k-250k

Please describe the current parking situation.

Street Parking (Public)

Please describe how you intend to handle crowds, during both regular business hours and at bar close.

We will maintain a safe & controlled environment by monitoring occupancy levels & ensuring we have enough staff during peak hours. Staff will be trained in responsible alcohol service & de-escalation techniques. At closing time, staff will wind down service, communicate last call clearly & encourage an orderly exit. Security would be hired if needed.

Describe the business that you are buying/opening.

The business will be a fusion restaurant/ martini bar. We will be doing an asian/hispanic inspired menu bringing diverse cuisine/ drinks to the area.

How will your establishment affect the quality of life for the citizens of Racine?

We will be open during hours that most are closed downtown, which will bring more opportunity for people to find good food/drinks. Its an asian/hispanic inspired flavor profile with an upscale vibe, giving people a reason to dress up & try something new.

Does the location that you are applying for already have an alcohol license? X If yes, what type of alcohol license? Class B"

Are you or the corporation buying the building or leasing it? Buying/(Leasing)

Will you be doing any remodeling; and if so, what are your plans?

None

What type of experience do you have that would prepare you for this type of business?

I have ran my own real estate business for the last 12 years. I have several friends that own/operate bars/restaurants & have seen how things run.

What will your hours of operation be?
*This is the only time that customers are permitted to be on the premises. You may close early on a given day. Customers **may not** be in the building and you **may not** be open outside of the hours listed.*

- Monday 10AM-1AM
- Tuesday 10AM-1AM
- Wednesday 10AM-1AM
- Thursday 10AM-1AM
- Friday 10AM-2AM
- Saturday 10AM-2AM
- Sunday 10AM-1AM

Will you be offering food? If so, what type of menu will you have? Do you have a kitchen? (Please attach a copy of your menu if available)

Yes! We are doing an asian/hispanic fusion restaurant. Yes there is a kitchen. No Menu at this time

How many customers do you expect on your busiest days? 75-120

How do you intend to handle litter and garbage?

All waste will be managed through designated trash/recycling containers around the premises. Trash will be removed daily & disposed of in a commercial dumpster with pickup services.

How will noise at the premises be addressed?

Noise levels will be controlled by keeping doors & windows closed during music playback. Noise levels will be maintained so we comply with local ordinances

What is your security plan?

Staff will be trained to monitor the premises at all times. On busier nights or special events we will have security as needed. ID's will be checked at entry to ensure compliance with age.

What type of video surveillance do you intend to have on the premise (please list equipment)?

We will have interior & exterior cameras for everyones safety.

Will music be played at your location? (Yes) No

If yes, how will music be played? Jukebox (Live) DJ (Radio) Other

ACC 3811

Form **AB-200**

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	City of Racine
License Period	

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer . . . . . $ _____
- ☒ Class "B" Beer . . . . . $ 100
- ☐ "Class A" Liquor . . . . . $ _____
- ☒ "Class B" Liquor . . . . . $ 500
- ☐ "Class A" Liquor (cider only) $ _____
- ☐ Reserve "Class B" Liquor $ _____
- ☐ "Class C" Liquor (wine only) $ _____

Fees	
License Fees	$ 600
Background Check Fee	$ 15
Publication Fee	$ 50
Total Fees	$ 665

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship): **Elixir & Oak LLC**

2. Business Trade Name or DBA: **Elixir & Oak**

3. FEIN: 42-2229416

4. Wisconsin Seller's Permit Number: 456-1032536282-02

5. Entity Type *(check one)*: ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

6. State of Organization: Wisconsin

7. Date of Organization: 4/29/26

8. Wisconsin DFI Registration Number: E071625

9. Premises Address: **300 6th St**

10. City: Racine

11. State: WI

12. Zip Code: 53403

13. County: Racine

14. Governing Municipality: ☒ City ☐ Town ☐ Village of: **Racine**

15. Aldermanic District: **District 1**

16. Premises Phone: **TBD**

17. Premises Email: **elixirandoak@gmail.com**

18. Website: **Elixirnoak.com**

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

A full service restaurant and full bar with dining in both bar area and small separate room on the 2nd floor, In the basement below, is a locked liquor storage area.

20. Mailing Address (if different from premises address)

21. City

22. State

23. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date

Penalty Imposed: _____ Was sentence completed? . . . . . ☐ Yes ☒ No

Law/Ordinance Violated	Location	Trial Date

Penalty Imposed: _____ Was sentence completed? . . . . . ☐ Yes ☒ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
Elixir and Oak	42-222-9416

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Cain	Devin	Member	262-902-9152

Part D: Attestation

One of the following must sign and attest to this application:

• sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

Last Name	First Name	M.I.
Cain	Devin	M

Title	Email	Phone
Member	devincainre@gmail.com	262-902-9152

Signature	Date
[signature]	6/4/26

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued

Signature of Clerk/Deputy Clerk	Date Provisional License Issued (if applicable)

Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of: ☐ Town ☐ Village ☒ City of Racine County of Racine

The undersigned duly authorized officer/member/manager of _____
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as

Elixir & Oak LLC
(Trade Name)

located at 300 6th St Racine WI 53403

appoints Devin Cain
(Name of Appointed Agent)

4629 Phoebe Ln , Mount Pleasant WI 53403
(Home Address of Appointed Agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

☒ Yes ☐ No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).
Elixir & Oak LLC DBA: Elixir & Oak

Is applicant agent subject to completion of the responsible beverage server training course? ☒ Yes ☐ No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 36 Years

Place of residence last year 4629 Phoebe Ln, Mount Pleasant WI 53405

For: Elixir & Oak LLC
(Name of Corporation / Organization / Limited Liability Company)

By: _____
(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than $1,000.

ACCEPTANCE BY AGENT

I, Devin Cain , hereby accept this appointment as agent for the
(Print / Type Agent's Name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

_____ 6/4/26 Agent's age _____
(Signature of Agent) *(Date)*

4629 Phoebe Ln Mount Pleasant WI 53405 Date of birth _____
(Home Address of Agent)

APPROVAL OF AGENT BY MUNICIPAL AUTHORITY
(Clerk cannot sign on behalf of Municipal Official)

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on _____ by _____ Title _____
(Date) *(Signature of Proper Local Official)* *(Town Chair, Village President, Police Chief)*

Cust # 9452 BCust # 9453

Form
AB-100

Alcohol Beverage Individual Questionnaire

Date

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information

1. Legal Business Name (Individual name if sole proprietor)
Elixir & Oak LLC

2. Business Trade Name or DBA
Elixir & Oak

3. Entity Type *(check one)*
☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

Part B: Individual Information

1. Last Name	2. First Name	3. M.I.
Cain	**Devin**	**M**

4. Relationship to Business (Title)	5. Email	6. Phone
Member	**devincainre@gmail.com**	**262-902-9152**

7. Home Address
4629 Phoebe Ln

8. City	9. State	10. Zip Code	11. Date of Birth
Mount Pleasant	**WI**	**53405**	

12. Drivers License/State ID Number	13. Drivers License/State ID State of Issuance
C500-1738-9347-09	**Wisconsin**

Part C: Address History

1. Do you currently reside in Wisconsin? . . . . . ☒ Yes ☐ No

If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? . . . .

Years	Months
36	**5**

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

	City	State	Zip Code
Previous Address 1 **Non Applicable**			
Previous Address 2			
Previous Address 3			
Previous Address 4			
Previous Address 5			

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State	County	State	County	State	County	State	County
State	County	State	County	State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date

Penalty Imposed	Was sentence completed? ☐ Yes ☐ No

Law/Ordinance Violated	Location	Conviction Date

Penalty Imposed	Was sentence completed? ☐ Yes ☐ No

Law/Ordinance Violated	Location	Conviction Date

Penalty Imposed	Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

Signature	Date
	6/4/26

AMOUNT - $5.00 "CLASS B" - $10.00

LICENSE Expires June 30, 20__
APPLICATION FOR NONINTOXICATING BEVERAGE LICENSE

I/WE HEREBY APPLY FOR A LICENSE TO SELL AND/OR SERVE IN THE CITY OF RACINE FROM DATE HEREOF UNTIL JUNE 30, 2019 (UNLESS SOONER REVOKED), BEVERAGES OF LESS THAN ONE-HALF (½) OF ONE (1) PER CENTUM OF ALCOHOL BY VOLUME SUBJECT TO THE LIMITATIONS IMPOSED BY SECTION 66.0433(1) OF THE WISCONSIN STATUTES, AND HEREBY AGREE TO COMPLY WITH ALL LAWS, RESOLUTIONS, ORDINANCES AND REGULATIONS AFFECTING THE SALE OF SUCH BEVERAGES.

PLEASE ANSWER THE FOLLOWING QUESTIONS FULLY AND COMPLETELY:

(Check One:) BUSINESS IS:

_____**CORPORATION** _____**PARTNERSHIP** _____**INDIVIDUAL** _____**OTHER** LLC
(Please specify)

PLEASE SUPPLY:

LEGAL NAME OF BUSINESS (/OWNER): Elixir & Oak LLC

TRADE NAME: Elixir & Oak

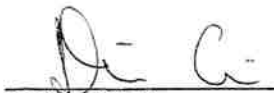
BUSINESS ADDRESS: 300 6th St Racine WI

BUSINESS TELEPHONE: TBD **ZIP CODE** 53403

HOME ADDRESS: 4629 Phoebe Ln

CITY Mount Pleasant **STATE** WI **ZIP CODE** 53405

HOME TELEPHONE: 262-902-9152



SIGNATURE OF APPLICANT Devin Cain **(Please print SIGNATURE)** **DATE OF BIRTH**

SIGNATURE OF PARTNER /(IF APPLIES) **(Please print SIGNATURE)** **DATE OF BIRTH**

FEE: $40.00 FOR EACH DEVICE

Expires June30, 20__

APPLICATION FOR LICENSE TO OPERATE
JUKE BOXES, MECHANICAL AMUSEMENT DEVICES, VIDEO GAMES AND POOL TABLES

I/WE, hereby apply for a license to operate Juke Box, Mechanical Amusement Device and/or Video Game as defined in Sections 22-166 through 22-181 of the Municipal Code of the City of Racine from the date hereof until JUNE 30, 2019 (unless sooner revoked), subject to limitations thereof and supplementary thereto, and agree to comply with all laws, resolutions and ordinances adopted by the Common Council of the City of Racine pertaining to the same.

I certify that I am a resident of the State of Wisconsin continuously since 1989 **, and of the City of Racine continuously since** 1989 **.**

IF INDIVIDUAL:

NAME OF APPLICANT _____

ADDRESS OF APPLICANT _____ **ZIP**_____

IF PARTNERSHIP:

NAME_____ **STATE OF PARTNERSHIP**_____

NAME AND COMPLETE ADDRESS OF ALL PARTNERS (use reverse side if more space is needed):

_____

_____

_____

IF CORPORATION, LLC, CLUB OR ASSOCIATION:

NAME Elixir & Oak LLC **STATE OF INCORPORATION** Wisconsin

NAME AND COMPLETE ADDRESS OF ALL OFFICERS:

_____

Devin Cain 4629 Phoebe Ln Mount Pleasant WI 53405

_____

ALL APPLICANTS:

NAME OF PERSON IN CHARGE: Devin Cain

TRADE NAME: Elixir & Oak **PHONE:** 262-902-9152

ADDRESS OF BUSINESS: 300 6th St Racine WI 53403

NATURE OF BUSINESS CONDUCTED ON PREMISES: TAVERN_____ **OTHER** Bar/Restaurant

GAMBLING MACHINES THAT PAY OUT MONEY ARE ILLEGAL AND MUST BE REMOVED FROM THE PREMISES. FAILURE TO DO SO CARRIES THE RISK OF PROSECUTION AND SUSPENSION/NON-RENEWAL/REVOCATION OF CITY-ISSUED LICENSES, DEPENDING ON THE TYPE OF LICENSE HELD.

MECHANICAL

No. of Devices	Description of type of device	Device location in the establishment
#_____	Type_____	LOCATION_____
#_____	Type_____	LOCATION_____
#_____	Type_____	LOCATION_____
#_____	Type_____	LOCATION_____
#_____	Type_____	LOCATION_____

VIDEO GAMES

#_____	Type_____	LOCATION_____
#_____	Type_____	LOCATION_____
#_____	Type_____	LOCATION_____
#_____	Type_____	LOCATION_____
#_____	Type_____	LOCATION_____

POOL TABLES

#1	Type Coin OP	LOCATION 2nd Floor
#_____	Type_____	LOCATION_____

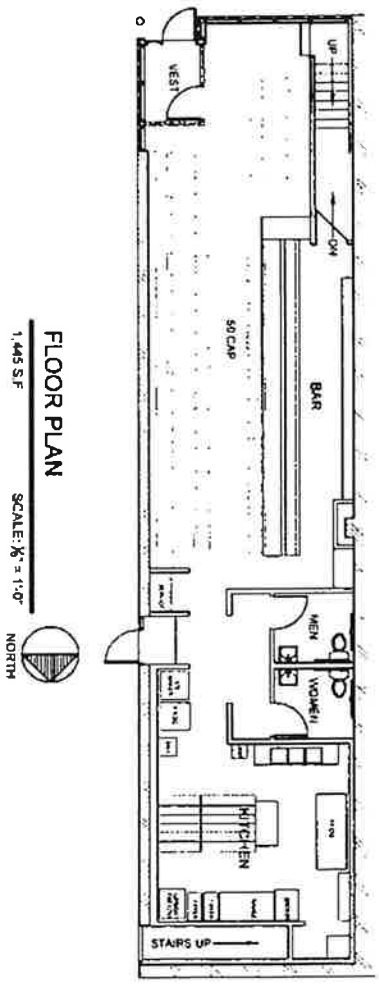
JUKE BOX

#_____	Type_____	LOCATION_____
#_____	Type_____	LOCATION_____

_____ DATE OF BIRTH _____

SIGNATURE OF APPLICANT

C:\Users\Owner\Documents\Boot\Architect\2024\Butcher & Barrel\Circle Butcher 300 6th.dwg 9/26/2024 9:31:17 AM DWG To PDF.pc3

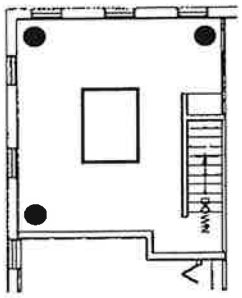


FLOOR PLAN

1,445 S.F

SCALE: 1/8" = 1'-0"

NORTH



2nd FLOOR PLAN

310 S.F

SCALE: 1/8" = 1'-0"

NORTH

SHEET 1 OF 1	9-26-24	**Elixir & Oak** **300 6th St** **Racine WI 53403**	**RPY Architecture, LLC** 33 rd N Wisconsin St 262-994-9285 Racine, WI 53402 mb_yates@yahoo.com	

MyFoodAndBevTraining.com

Wisconsin Responsible Beverage Seller/Server Training Course

This is to certify that

Devin Cain

has successfully completed the

My Food&BevTRAINING©

Wisconsin Responsible Beverage Seller/Server Training Course

This certificate represents the successful completion of an approved Wisconsin Department of Revenue Responsible Beverage Server Course in compliance with secs. 125.04(5)(a)5., 125.17(6), and 134.66(2m), Wis. Stats.

Completed on: *August 4, 2025*

Certificate ID: 0b575b43-e48d-46e1-9f33-bed229b6b9b5

Jonny White

Jonny White
Authorized Signature
MyFoodAndBevTraining.com